

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

9 8 — 0 1 0

2. STATE:

Kansas

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)
MedicaidTO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 1998

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR (FR 440,130 (d))

7. FEDERAL BUDGET IMPACT:

a. FFY 1999 \$ 2,670,000.00

b. FFY 2000 \$ 4,000,000.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, 13.d p.14d2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Attachment 3.1-A, 13.d p 14d.2, 14d.3,
14d.4

10. SUBJECT OF AMENDMENT:

Alcohol and Drug Abuse Treatment Services

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:Rochelle Chronister is the Governor's
designee

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Rochelle Chronister

13. TYPED NAME:

Rochelle Chronister

14. TITLE:

Secretary

15. DATE SUBMITTED:

12/29/98

16. RETURN TO:

Ann Koci, Commissioner
Adult and Medical Services
651S, 6th Floor
Docking State Office Building
915 SW Harrison
Topeka, KS 66612**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

12/30/98

18. DATE APPROVED:

AUG 29 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Nanette Foster Reilly

22. TITLE: Acting

ARA for Medicaid and State Operations

23. REMARKS:

SPA CONTROL

Date Submitted 12/29/98

Date Received 12/30/98

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REHABILITATION SERVICES LIMITATIONS**A. Community Mental Health Center Services**

Community based mental health services are for children with severe emotional disturbance and adults with severe and persistent mental illness. The state assures that the provision of community mental health center services will not restrict an individual's choice of providers in violation of section 1902(a)(23) of the Act. Services must be provided under the direction of a physician and include:

1. Admission Evaluation:

- a. Description: Psychiatric diagnostic interview examination of an individual to determine appropriate outpatient service plan and delivery.
- b. Qualifications: Providers must be licensed or registered physicians, Ph.D's or Qualified Mental Health Professionals (QMHP).
- c. Units of service: one unit per admission into the outpatient service delivery system.
- d. Limitations: no more than one unit allowed every six months

2. Case Conference:

- a. Description: A scheduled face-to-face meeting involving two or more individuals to discuss problems associated with the consumer's treatment. The conference will include treatment staff, and may include collateral contact or the consumer's other agency representatives, not including court appearances and/or testimony.
- b. Qualifications: Qualified Mental Health Professionals (QMHP).
- c. Units of service are billed in thirty (30) minute segments.
- d. Limitations: Six hours of case conferences are allowed per calendar year for consumers not participating in KAN Be Healthy. Limitations for KAN

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Be Healthy can be found in Attachment 3.1-A.

3. Case Consultation:

- a. Description: Case consultation is the physician's advice or opinion regarding the consumer's treatment.
- b. Qualifications: Licensed physicians.
- c. Units of service are not based on time but rather on the extent of the consultation. CPT codes determine the criteria for various service levels.
- d. Limitations: Consultations for a new patient are not covered if a consultation has been paid to the same provider for the same patient in the previous 60 days. Consultations for established patients are limited to one consultation every 10 days per provider, per diagnosis, unless medical necessity documents otherwise. Outpatient and in-office consultations for established patients are limited to one consultation every 60 days, per provider, per diagnosis unless medical necessity documents otherwise.

4. Attendant Care:

- a. Description: One to one support or supervision for children and adults with the goal of maintaining an adult with severe and persistent mental illness or a child with severe emotional disturbance in natural community locations, such as where the person lives, works or socializes. All supports provided must relate to the specific goals set forth in the consumer's treatment plan and must be provided under the supervision of a qualified mental health professional. Service may include the following activities:
 - i. Direct support and supervision in accomplishing activities of daily living.
 - ii. Support to the consumer in maintaining daily routines critical to a stable lifestyle.

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- b. Qualifications: Each person working as an attendant care worker shall, at a minimum:
- i. Be 18 years of age or older; if the consumer is under the age of 18, the attendant care person must be at least 3 years older than the consumer. For adults the 3 year requirement does not apply, however, the provider agency is expected to use good judgement when making work assignments;
 - ii. Possess demonstrated interpersonal skills, ability to work with persons with severe and persistent mental illness and/or severe emotional disturbance, and the ability to react effectively in a wide variety of human service situations;
 - iii. Have completed a basic training program developed by the provider agency within 30 days of employment, according to a curriculum approved by the Division of Health Care Policy; and
 - iv. Pass KBI, SRS child abuse check, Adult abuse registry and motor vehicle screens.
- c. Supervision: The Attendant Care Worker is supervised by a staff person meeting the qualifications for targeted case management and/or community psychiatric supportive treatment or other "approved Center staff" which may include an MSW (Master's Level Social Worker), LMLP (Licensed Master's Level Psychologist), licensed psychologist or master's degree psychiatric nurse within the agency delivering Attendant Care services and shall be available at all time to provide back up support and/or consultation.
- d. Units of service are billed on a per hour basis.
- e. Limitations: There are no limitations.

5. Family Therapy:TN # MS-00-06 Approval Date AUG 29 2001 Effective Date 1/1/2000 Supersedes MS-96-03

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- a. Description: Consumer centered therapy which includes one or more other family members. The consumer must be present during the family therapy.
- b. Qualifications: QMHPs approved by center staff under a treatment plan approved by the physician.
- c. Units of service are billed on an hourly basis and cannot be billed in conjunction with partial hospitalization.
- d. Limitations: Family therapy or a combination of family and group therapy is limited to 40 hours per calendar year, per consumer.

6. Group Therapy:

- a. Description: Therapy delivered in a group setting to two or more consumers. The consumer must be present during the group therapy.
- b. Qualifications: QMHPs approved by center staff under a treatment plan approved by the physician.
- c. Units of service are billed on an hourly basis and cannot be billed in conjunction with partial hospitalization.
- d. Limitations: Group therapy or a combination of group and family therapy is limited to 40 hours per calendar year, per consumer. Group therapy is not covered when provided by psychologists, physicians or CMHCs in an inpatient setting since it is content of service of the DRG reimbursement to the hospital.

7. Individual Therapy:

- a. Description: One-to-one therapy conducted under a treatment plan approved by a psychiatrist or physician skilled in the treatment of mental disorders.
- b. Qualifications: QMHPs approved by center staff under a treatment plan

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approved by a physician.

- c. Units of service are billed on an hourly basis and may not be billed in conjunction with partial hospitalization.
- d. Limitations: Outpatient individual therapy is limited to 32 hours per calendar year for consumers not participating in the KAN Be Healthy program. Limitations for participants in the KAN Be Healthy program are listed in Attachment 3.1-A.

8. Medication Administration:

- a. Description: Therapeutic or diagnostic injection; subcutaneous or intramuscular.
- b. Qualifications: Registered nurse or licensed physician.
- c. Units of service are billed on a per visit basis.
- d. Limitations: There are no limitations.

9. Group Medication Management:

- a. Description: A medication management group provides general information and guidance about prescribed drugs, their effects, side effects and general health issues.
- b. Qualifications: Registered nurse, licensed physician or physician assistant must supervise the medication group.
- c. Units of service are billed on an hourly basis for outpatient consumers.
- d. Limitations: Alone or in conjunction with partial hospitalization activity, a combined total of 1560 hours is allowed per consumer, per calendar year. Outpatient consumers are allowed one hour per seven day period.

10. Medication Review:

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- a. Description: The evaluation of the medication's effect on the individual patient including side effects, appropriate dosage and patient's compliance with prescription instructions.
- b. Qualifications: Registered nurse.
- c. Units of service are billed on a 30 minute per unit basis.
- d. Limitations: One medication review by an RN is allowed per day, per consumer. Medication reviews and monitoring by the CMHC physician are allowed for consumers who require psychotropic medications.

11. Partial Hospitalization:

- a. Description: The ongoing medically directed daily partial hospitalization group activities which provide "goal-oriented" day treatment within partial hospitalization to meet the needs of the patient population by addressing psychological, interpersonal, intra-personal, self-care and daily living issues. This includes planned treatment activities of maximizing the consumer's skills in the following areas: self-care, communication, appropriate social interaction, daily living functions, reliability, responsibility, self-control, reality orientation, and emotional judgement. The content of an individual program varies but must include group medication management (#9, above).
- b. Qualifications: CMHCs providing partial hospitalization services must be certified by Medicare and approved by SRS.
- c. Units of service are billed on an hourly basis.
- d. Limitations: A total of 1560 hours are allowed per calendar year, per consumer. Only-six hours per 90 days of outpatient psychotherapy (individual, group, family therapy) are covered when provided concurrently with partial hospitalization and/or targeted case management services for the long-terminally ill. Hours in addition to the six require medical necessity documentation. Partial hospitalization activity and psychosocial treatment group cannot be billed/reimbursed for the same

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date of service on the same consumer.

12. Pre-Admission Inpatient Screening Assessment:

- a. Description: Face-to-face assessment between a QMHP and a consumer who is a potential psychiatric hospital admission. Using a standard assessment format, a determination is made whether community based interventions have been adequately attempted. This is the prior approval process for admission to inpatient psychiatric treatment.
- b. Qualification: QMHPs
- c. Units of service are billed as either one visit or one visit or more than four hours.
- d. Limitations: There are no limitations.

13. Psychological Testing:

- a. Description: The administration and interpretation, of established psychological tests, procedures and techniques with the intent of diagnosing adjustment, functional, mental, or emotional problems, or establishing treatment methods for persons having such problems.
- b. Qualifications: Ph.D. or Master's Level psychologist.
- c. Limitations: Psychological testing and assessment is limited to four hours every two calendar years, per consumer, regardless of provider. KAN Be Healthy program participant limitations are found in Attachment 3.1-A.

14. Psychosocial Treatment Group:

- a. Definition: This is a covered service for individuals who do not require the more structured service of a partial hospitalization program, or who have "graduated" from partial hospitalization but still require support of psychological services. This is a self-contained, goal-directed group designed to assist consumers in minimizing or resolving the effects of

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mental and emotional impairments which previously required clinical and/or hospital services. The goal is to help the individual, primarily through social skills training, relearn to function in a group and in a social situation as a part of the process of reintegration from inpatient treatment to independent community living.

- b. **Qualifications:** Group activities must be facilitated by or under the direction of a qualified mental health professional. The maximum staff-to-consumer ratio for adult groups is 1:8 and 1:4 for child and adolescent groups.
 - c. Units of service are billed on an hourly basis.
 - d. **Limitations:** There are no limitations.
15. Targeted Case Management: See attachment 3.1-A, page 22.
16. Community Psychiatric Supportive Treatment (CPST) shall be face-to-face interventions for children with severe emotional disturbance, and adults with severe and persistent mental illness. In addition a majority of these contacts must occur in customary and usual community locations where the person lives, works, or socializes. All interventions provided shall be related to specific goals set forth in the consumer's treatment plan. Documentation in progress notes is required to support the CPST intervention.
- a. **Description:** CPST interventions include the following:
 - i. Assistance in improving symptoms for self-management, which shall have as its goal the identification and minimization of the negative effects of psychiatric symptoms or emotional disturbances which interfere with an individual's daily living, financial management, academic progress, personal development, family and/or interpersonal relationships and community integration. This may include counseling the individual to recognize symptoms for self management.
 - ii. Individual therapeutic intervention, which always involves face-to-face contact with the individual. The family, or other collaterals

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may also be involved. The service will have as its objective the development of interpersonal, self-care skills and an understanding of mental illness or emotional disturbance which assists the individual to gain control over his or her psychiatric or emotional symptoms and life situation and to adapt to community settings in which he or she lives and functions.

- iii. Participation in a strengths assessment and planning process with the individual including identifying strengths, resources, and natural supports. The family or other collaterals may also be involved. Also included would be assistance in defining goals based on the assessment, and tracking and monitoring individual progress in meeting the goals identified in the treatment plan.
- iv. Assistance which shall have as its objectives the development and implementation of a plan for assuring appropriate consumer community integration and the provision of both supportive counseling and problem-focused interventions in whatever setting is required. This includes the provision of both supportive counseling and problem-focused interventions in whatever setting is required, to enable the consumer to manage the symptoms of their illness. Services provided at the work site must be focused on assisting the individual to manage the symptoms of mental illness, and not to learn job tasks. These interventions will fall primarily in the areas of achieving required level of concentration and task orientation and facilitating the establishment and maintenance of effective communications with employers, supervisors and co-workers.
- v. Medication education, which shall have as its objective the development of the skills necessary for an individual (or family) to comply with physician prescribed medication.
- vi. Crisis management, which shall include training approved by the Division regarding management of a psychiatric and/or emotional/behavioral crisis and shall have as its objective the ability of an individual to identify a psychiatric or personal crisis, implement the crisis management plan identified in the individual's treatment plan, if appropriate, and/or seek needed

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support from clinical staff. The focus of the service must be on the eligible adult or child.

- b. **Qualifications:** Each person providing CPST shall, at a minimum:
- i. Have at least a BA/BS degree or be equivalently qualified by work experience or a combination of work experience in the human services field and education, with one year of experience substituting for one year of education;
 - ii. Possess demonstrated interpersonal skills, ability to work with persons with severe and persistent mental illness and/or severe emotional disturbance, and the ability to react effectively in a wide variety of human service situations
 - iii. Meet the specifications for targeted case management as outlined in the CMHC licensing standards in regard to any ongoing requirements (as in completion of the training requirements according to a curriculum approved by the Division of Health Care Policy); and
 - iv. Pass KBI, SRS child abuse check, Adult abuse registry and motor vehicle screens.
- c. **Supervision:** The CPST worker is supervised by "approved Center staff" which may include a MSW (Master's Level Social Worker), LMLP (Licensed Master's Level Psychologist), licensed psychologist or master's degree psychiatric nurse within the agency delivering CPST services.
- d. **Units of Service** are billed on an hourly basis.
- e. **Limitations:** There are no limits on this service.
17. **Individual Community Support** shall be face-to-face interventions, in a community setting for children with severe emotional disturbance, and adults with severe and persistent mental illness. This includes activities which assist persons to function more independently in natural community settings of their choice. The

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need and level of this service is determined by the treatment team in collaboration with the consumer and family.

a. **Description: Services include the following:**

- i. Personal support, which shall have as its objective assistance with daily activities necessary to maintain personal stability in a community setting.
- ii. Support provided to an individual adult or child, which shall include symptom management education for the consumer and in-home consultation, and shall have as its objective the delivery of symptom management training in daily living which will be needed to provide natural supports, maintain the family support system, improve self-help skills, and interpret policies, procedures and regulations that impact the individual living in the community, and monitor progress with treatment plan goals and objectives.
- iii. Under supervision, personal support provided to individuals in crisis situations.

b. **Qualifications: Individual Community Support Worker (ICSW):** Each personal working as an Individual Community Support worker shall, at a minimum:

- i. Have 1 year of college course work in the field of human services or 1 year of experience in the field of human services; or a combination of education and work experience in the field of human services;
- ii. Be 18 years or older; if consumer is under the age of 18, the ICSW must be at least 3 years older than the consumer. (For adult consumers this requirement does not apply, however, provider agencies are expected to use good judgement when making work assignments;
- iii. Have other experience in the provision of services to persons with mental illness or severe emotional disturbance which may be

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substituted for 1 year of education or work experience in the human service field. This includes experience acquired by family members or others about persons with mental illness or SED and includes persons who are themselves recovering from such an illness;

- iv. Possess demonstrated interpersonal skills, ability to work with persons with severe and persistent mental illness and/or severe emotional disturbance, and the ability to react effectively in a wide variety of human service situations;
 - v. Have certification of completion of basic attendant care training within 30 days of employment and additional training within 6 months of employment according to curriculums approved by the Division of Health Care Policy; and
 - vi. Pass KBI, SRS child abuse check, Adult abuse registry and motor vehicle screens.
- c. Supervision: The individual Community Support Worker is supervised by a staff person meeting the qualifications for targeted case management and/or community psychiatric supportive treatment or other "approved Center staff" which may include an MSW (Master's Level Social Worker), LMLP (Licensed Master's Level Psychologist), licensed psychologist or master's degree psychiatric nurse within the agency delivering Individual Community Support, and is available at all times to provide back up support and/or consultation.
- d. Units of service are billed on an hourly basis
- e. Limitations: there are no limits on this service

B. EPSDT Behavior Management Services

Behavior management services are EPSDT services designed to meet the rehabilitation needs of children who are challenged by the physical, mental or emotional effects of having been, or are at risk of being abused, neglected, abandoned, placed out of the home

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